



UTAH STATE DIVISION OF WILDLIFE RESOURCES LAW ENFORCEMENT SECTION HUNTER SAFETY EDUCATION AFFIDAVIT

Name (please PRINT)			
Address			
Street	City	State	Zip Code
Social Security Number Date of Birth			
Day Time Telephone Number ()			Gender: M / F
THIS IS TO CERTIFY that my original hunter education certificate of completion has been LOST, STOLEN or DESTROYED. I further certify that I have not loaned, given away, or unlawfully disposed of said original certificate, that said certificate of completion is not in my possession and that if it comes into my possession, I will surrender same to the Utah Division of Wildlife Resources, 1594 W North Temple, Suite 2110 Box 146301 Salt Lake City Utah 84114.			
Anyone who obtains a license, permit or certificate shall be in violation of Utah Code Annotated, Section 76-6-501.			
Signature		Date	
Mail completed form AND \$10.00 Check (no out-out-out-out-out-out-out-out-out-out-	f-state checks accepted	d), Money Order or (Cashier's Check to:
DWR-HUNTER EDUCATION 1594 W North Temple Suite 2110 Box 146301 Salt Lake City UT 84114			
-DIVISION USE ONLY-			
CERTIFIED before me thisday of		year_	
Hunter Education Number	Control Number		
The above said certificate of completion has been supported Receipt copy attached Verified in computer	en duplicated for the	ne sum total of	
Not verified in computer Authoriz			sonnel